

**Summary of Benefits**  
**Anthem Dental Essential Choice**  
**Commonwealth of KY Gold Plan**  
**Anthem Dental Complete Network**



**WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

**Powerful and easily accessible member tools.**

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

**Dentists in your plan network.**

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?**

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for who to call, write or email.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b>	Calendar Year		
• Per insured person		\$1,500	\$1,500
<b>D&amp;P applies to Annual Maximum</b>		Yes	Yes
<b>Annual Maximum Carryover / Carry in</b>		Yes/No	Yes/No
<b>Orthodontic Lifetime Benefit Maximum</b>			
• Per eligible insured person		\$1,500	\$1,500
<b>Annual Deductible (Does not apply to Orthodontic Services)</b>	Calendar Year		
• Per insured person/Family maximum		\$50/3X Individual	\$50/3X Individual
<b>Deductible Waived for Diagnostic/Preventive Services</b>		Yes	Yes
<b>Out-of-Network Reimbursement:</b>		Prime (MAC)	

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Periodic oral exam 2 per 12 months</li> <li>• Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance</li> <li>• Bitewing X-rays: 1 set per 12 months</li> <li>• Full-mouth or Panoramic X-rays: 1 per 60 months</li> <li>• Fluoride application: 1 per 12 months through age 18</li> <li>• Sealants 1 per 60 months; through age 18</li> </ul>	100% Coinsurance	100% Coinsurance of allowable amount**	No Waiting Period
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Consultation (second opinion) 1 per 12 months</li> <li>• Space Maintainer 1 per lifetime through age 18; posterior teeth</li> <li>• Amalgam (silver-colored) Filling 1 per tooth per 24 months</li> <li>• Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings covered as composites</li> <li>• Brush Biopsy (cancer test) Covered, 1 per 12 months; all ages</li> </ul>	80% Coinsurance	80% Coinsurance of allowable amount**	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Root Canal and retreatments 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Apicoectomy and apexification 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal Maintenance 4 per 12 months; w/teeth cleaning</li> <li>• Scaling and root planing 1 per quadrant per 24 months</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Period
<b>Periodontics (Surgical)</b> 1 per quadrant per 36 months <ul style="list-style-type: none"> <li>• Periodontal Surgery (osseous, gingivectomy, graft procedures)</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>• Simple Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance of allowable amount**	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>• Surgical Extractions 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Period
<b>Major (Restorative) Services &amp; Prosthodontics</b> <ul style="list-style-type: none"> <li>• Crowns (porcelain), veneers, dentures, and bridges 1 per tooth per 84 months</li> <li>• Dental implants Covered, 1 per tooth per 84 months</li> <li>• Cosmetic teeth whitening Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>• Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>• Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Dependent Children Only*</li> </ul>	50% Coinsurance	50% Coinsurance of allowable amount**	No Waiting Periods

\*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of 8 and 19 in order to receive coverage.

\*\*Difference in charged amount and OON allowable amount can result in balance billing.

## Additional Services and Programs

### Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

### Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

### Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

### International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

## Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Extractions** of third molars (wisdom teeth) that do not exhibit pathology symptoms or impact the oral health of the member

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.